

REQUEST FOR PROPOSALS

for

PATIENT ACCOUNTS RECEIVABLE SERVICES

FOR EMERGENCY MEDICAL SERVICES

Proposal Number BC-08-27-03-59

BOARD OF COUNTY COMMISSIONERS

LEON COUNTY, FLORIDA

**REQUEST FOR PROPOSALS
PATIENT ACCOUNTS RECEIVABLE SERVICES FOR EMERGENCY MEDICAL SERVICES**

I.	INTRODUCTION	1
II.	GENERAL INSTRUCTIONS	1
III.	BACKGROUND & GENERAL INFORMATION	4
	A. Intent of RFP	4
	B. Parties	4
	C. Award	4
	D. Term	4
	E. Management Review and Audit	5
	F. Visit to Contractor Facilities	5
IV.	LEON COUNTY INFORMATION	5
V.	SCOPE OF SERVICES	5
	A. Overview	5
	B. Leon County Responsibilities	5
	C. Contractor Responsibilities	6
	D. Performance Requirements	7
	E. Contractor Payment Method and Timing	8
VI.	DESCRIPTION OF SERVICES PROVIDED BY THE CONTRACTOR	8
	A. Data collection	8
	B. Permanent Patient Record Storage	8
	C. Collection Services	8
	D. HIPAA Business Associate Assurances	9
	E. Compliance Plan	9
	F. Training & Implementation	9
VII.	PROPOSAL REQUIREMENTS	9
	A. Letters of Transmittal	9
	B. PART ONE: Organizational Description	10
	C. PART TWO: Data Management	10
	D. PART THREE: Billing and Collection Activities	10
	E. PART FOUR: Reports and Communications	11
	F. PART FIVE: General and Supplemental Information Requirements	11
	G. PART SIX: Experience	12
	H. PART SEVEN: Pricing	12
VIII.	PROPOSED CALENDAR	13
IX.	SELECTION PROCESS AND CRITERIA	13
X.	INDEMNIFICATION	14
XI.	MINORITY/WOMEN BUSINESS ENTERPRISE AND EQUAL OPPORTUNITY POLICIES	14
XII.	ETHICAL BUSINESS PRACTICES	15

Attachments

- A. Call Volume & Service Mix
- B. Estimated Payer Mix
- C. Leon County EMS Charges
- D. Pricing Sheet

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

I. INTRODUCTION

Leon County, Florida has issued this Request for Proposals (RFP) for the purpose of engaging an appropriate Contractor to provide Emergency Medical Services (EMS) Patient Accounts Receivable Services (PARS) for Leon County. Services include, but are not limited to: data entry, data processing, billing services, insurance claims filing, collection services, mailing of notices, internal reporting, account follow-up, customer service, external reporting, and training of EMS personnel in use of systems, procedures, and documentation.

II. GENERAL INSTRUCTIONS:

- A. The response to the proposal should be submitted in a sealed addressed envelope to:

*Proposal Number: BC-08-27-03-59
Purchasing Division
2284 Miccosukee Road
Tallahassee, FL 32308*

- B. **An ORIGINAL and five (5) copies** of the Response must be furnished on or before the deadline. Responses will be retained as property of the County. **The ORIGINAL of your reply must be clearly marked "Original" on its face and must contain an original, manual signature of an authorized representative of the responding firm or individual, all other copies may be photocopies.**
- C. Any questions concerning the request for proposal process, required submittals, evaluation criteria, proposal schedule, and selection process should be directed to Keith Roberts or Don Tobin at (850) 488-6949; FAX (850) 922-4084; or e-mail at keith@mail.co.leon.fl.us or tobind@mail.co.leon.fl.us. Written inquiries are preferred.
- D. Special Accommodation: Any person requiring a special accommodation at a Pre-Bid Conference or Bid/RFP opening because of a disability should call the Division of Purchasing at (850) 488-6949 at least five (5) workdays prior to the Pre-Bid Conference or Bid/RFP opening. If you are hearing or speech impaired, please contact the Purchasing Division by calling the County Administrator's Office using the Florida Relay Service which can be reached at 1(800) 955-8771 (TDD).
- E. Proposers are expected to carefully examine the scope of services, and evaluation criteria and all general and special conditions of the request for proposals prior to submission. Each Vendor shall examine the RFP documents carefully; and, no later than seven (7) calendar days prior to the date for receipt of proposals, he shall make a written request to the Owner for interpretations or corrections of any ambiguity, inconsistency, or error which he may discover. All interpretations or corrections will be issued as addenda. The County will not be responsible for oral clarifications.
- Only those communications which are in writing from the County may be considered as a duly authorized expression on the behalf of the Board. Also, only those communications from firms which are in writing and signed will be recognized by the Board as duly authorized expressions on behalf of proposers.
- F. Your response to the RFP must arrive at the above listed address no later than Wednesday, August 27, 2003 at 2:00 PM to be considered.
- G. Responses to the RFP received prior to the time of opening will be secured unopened. The Purchasing Agent, whose duty it is to open the responses, will decide when the specified time

Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59

has arrived and no proposals received thereafter will be considered.

- H. The Purchasing Agent will not be responsible for the premature opening of a proposal not properly addressed and identified by Proposal number on the outside of the envelope/package.
- I. It is the Proposers responsibility to assure that the proposal is delivered at the proper time and location. Responses received after the scheduled receipt time will be marked "TOO LATE" and may be returned unopened to the vendor.
- J. The County is not liable for any costs incurred by bidders prior to the issuance of an executed contract.
- K. Firms responding to this RFP must be available for interviews by County staff and/or the Board of County Commissioners.
- L. The contents of the proposal of the successful firm will become part of the contractual obligations.
- M. Proposal must be typed or printed in ink. All corrections made by the Proposer prior to the opening must be initialed and dated by the Proposer. No changes or corrections will be allowed after proposals are opened.
- N. If you are not submitting a proposal, please return the form attached at the end of the RFP, marked 'No Proposal'.
- O. The County reserves the right to reject any and/or all proposals, in whole or in part, when such rejection is in the best interest of the County. Further, the County reserves the right to withdraw this solicitation at any time prior to final award of contract.
- P. Cancellation: The contract may be terminated by the County without cause by giving a minimum of thirty (30) days written notice of intent to terminate. Contract prices must be maintained until the end of the thirty (30) day period. The County may terminate this agreement at any time as a result of the contractor's failure to perform in accordance with these specifications and applicable contract. The County may retain/withhold payment for nonperformance if deemed appropriate to do so by the County.
- Q. Public Entity Crimes Statement: Respondents must complete and submit the enclosed Public Entity Crimes Statement. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
- R. Certification Regarding Debarment, Suspension, and Other Responsibility Matters: The prospective primary participant must certify to the best of its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency and meet all other such responsibility matters as contained on the attached certification form.

Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59

S. Audits, Records, And Records Retention

The Contractor shall agree:

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.
2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.
3. Upon completion or termination of the contract and at the request of the County, the Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.
4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County.
5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(l)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.
6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

T. Monitoring

To permit persons duly authorized by the County to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and interview any clients and employees of the provider to assure the County of satisfactory performance of the terms and conditions of this contract.

Following such evaluation, the County will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the County within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the County, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the County; and (3) the termination of this contract for cause.

U. Local Preference in Purchasing and Contracting

1. In purchasing of, or letting of contracts for procurement of, personal property, materials, contractual services, and construction of improvements to real property or existing structures for which a request for proposals is developed with evaluation criteria, a local preference of not more than five percent (5%) of the total score shall be assigned for a

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

local preference for local businesses. Vendors are directed to the evaluation criteria contained herein to be aware of any local preference points to be assigned for this request for proposals.

2. Local business definition. For purposes of this section, "local business" shall mean a business which:
 - a) Has had a fixed office or distribution point located in and having a street address within Leon County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and
 - b) Holds any business license required by the County, and, if applicable, the City of Tallahassee; and
 - c) Employs at least one (1) full time employee, or two (2) part time employees whose primary residence is in Leon County, or, if the business has no employees, the business shall be at least fifty percent (50%) owned by one or more persons whose primary residence is in Leon County.
3. Certification. Any vendor claiming to be a local business as defined, shall so certify in writing to the Purchasing Division. The certification shall provide all necessary information to meet the requirements of above. The Local Vendor Certification Form is enclosed. The purchasing agent shall not be required to verify the accuracy of any such certifications, and shall have the sole discretion to determine if a vendor meets the definition of a "local business."

V. Addenda To Specifications

If any addenda are issued after the initial specifications are released, the County will post the addenda on the Leon County website at <http://www.co.leon.fl.us/purchasing/>. For those projects with separate plans, blueprints, or other materials that cannot be accessed through the internet, the Purchasing Division will make a good faith effort to ensure that all registered bidders (those vendors who have been registered as receiving a bid package) receive the documents. It is the responsibility of the vendor prior to submission of any proposal to check the above website or contact the Leon County Purchasing Division at (850) 488-6949 to verify any addenda issued. The receipt of all addenda must be acknowledged on the response sheet.

W. Insurance Requirements for Contractors

Respondent's attention is directed to the insurance requirements below. Respondents should confer with their respective insurance carriers or brokers to determine in advance of bid submission the availability of insurance certificates and endorsements as prescribed and provided herein. If a Respondent fails to comply strictly with the insurance requirements, that Respondent may be disqualified from award of the contract.

Respondent shall procure and maintain for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Respondent, his agents, representatives, employees, or subcontractors. The cost of such insurance shall be included in the Respondent's pricing.

1. Minimum Limits of Insurance: Contractor shall maintain limits no less than:

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

- a. General Liability: \$1,000,000 Combined Single Limit for bodily injury and property damage per occurrence with a \$2,000,000 annual aggregate.
- b. Automobile Liability: One Million and 00/100 (\$1,000,000.00) Dollars combined single limit per accident for bodily injury and property damage. **(Non-owned, Hired Car).**
- c. Workers' Compensation Employers Liability: Insurance covering all employees meeting Statutory Limits in compliance with the applicable state and federal laws and Employer's Liability with a limit of \$500,000 per accident, \$500,000 disease policy limit, \$500,000 disease each employee. **Waiver of Subrogation in lieu of Additional Insured will suffice.**
- d. Professional Liability Insurance, including errors and omissions: for all services provided under the terms of this agreement with minimum limits of One Million and 00/100 (\$1,000,000.00) Dollars per occurrence; or claims made form with "tail coverage" extending three (3) years beyond the term of the agreement. Proof of "tail coverage" must be submitted with the invoice for final payment. In lieu of "tail coverage", Contractor may submit annually to the County a current Certificate of Insurance proving claims made insurance remains in force throughout the same three (3)-year period.
- e. Umbrella: \$5,000,000 combined single limit for bodily injury and property damage combined per occurrence and annual aggregate. The coverage shall provide excess coverage for employer's liability, general liability, including completed operations and auto liability.

2. Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration, and defense expenses.

3. Other Insurance Provisions

The policies are to contain, or be endorsed to contain, the following provisions:

- a. General Liability and Automobile Liability Coverages **(County is to be named as Additional Insured).**
 - 1) The County, its officers, officials, employees and volunteers are to be covered as additional insureds as respects; liability arising out of activities performed by or on behalf of the Contractor, including the insured's general supervision of the Contractor; products and completed operations of the Contractor; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor. The coverage shall contain no special limitations on the scope of protections afforded the County, its officers, officials, employees or volunteers.
 - 2). The Contractor's insurance coverage shall be primary insurance as respects the County, it officers, officials, employees and volunteers. Any insurance of self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of the Contractor's insurance and shall not

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

contribute with it. Contractor hereby waives subrogation rights for loss or damage against the county.

- 3) Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the county, its officers, officials, employees or volunteers.
- 4) The Contractor's insurance shall apply separately to each insured against whom claims is made or suit is brought, except with respect to the limits of the insurer's liability.
- 5) Companies issuing the insurance policy, or policies, shall have no recourse against the County for payment of premiums or assessments for any deductibles with are all at the sole responsibility and risk of Contractor.

b. All Coverages

Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the County.

4. Acceptability of Insurers

Insurance is to be placed with insurers with a Best's rating of no less than A:VII.

5. Verification of Coverage

Contractor shall furnish the County with certificates of insurance and with original endorsements effecting coverage required by this clause. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by the County before work commences. The County reserves the right to require complete, certified copies of all required insurance policies at any time.

6. Subcontractors

Contractors shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.

X. Fidelity Bond

A Fidelity Bond in the amount of \$_____ shall be supplied by the successful Contractor prior to contract execution. Coverage to be provided shall include: Employee Theft – Per Loss Coverage; Employee Theft – Per Employee Coverage; Forgery or Alteration; Inside the Premises – Theft of Money and Securities; Inside the Premises – Robbery or Safe Burglary of Other Property; Outside the Premises; Computer Fraud; Funds Transfer Fraud; and Money Orders and Counterfeit Paper Currency.

Bond Forms shall comply with Florida Statute 255.05.

III. BACKGROUND AND GENERAL INFORMATION

A. INTENT OF RFP

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

Leon County, Florida has issued this Request for Proposals (RFP) for the purpose of engaging an appropriate Contractor to provide Emergency Medical Services (EMS) Patient Accounts Receivable Services (PARS) for Leon County. Services include, but are not limited to: data entry, data processing, billing services, insurance claims filing, collection services, mailing of notices, internal reporting, account follow-up, customer service, external reporting, and training of EMS personnel in use of systems, procedures, and documentation.

B. PARTIES

Leon County has issued the RFP and intends to evaluate respondents on the basis of detailed adherence to specifications and guidelines. Proposals must identify any subcontractor relationships and indicate that the prime Contractor assumes total responsibility for all aspects of performance under the agreement.

C. AWARD

Leon County reserves the right to award or not award in its best interest.

D. TERM

The term of the Agreement will be for three (3) years, with a projected starting date of **January 1, 2004** and may be renewed at Leon County's option with the approval of both parties for three (3) additional one (1) year terms.

E. MANAGEMENT REVIEW AND AUDIT

Representatives of Leon County maintain the right to enter the Contractor's premises with written notice and have reasonable access to files associated with the Agreement during business hours to inspect, monitor or otherwise evaluate the work performed or being performed by the Contractor. The respondent shall provide access and necessary information to Leon County or its duly authorized representatives for a review of the Contractors operations and performance with regard to the work conducted under the agreement.

F. VISIT TO CONTRACTOR FACILITIES

Prior to the award of the Contract, Leon County may request that its representatives visit the respondent's operations and facilities to observe the company's operations and interview company personnel.

IV. LEON COUNTY INFORMATION

Leon County is initiating a County operated EMS System to provide emergency and non-emergency transportation on an exclusive basis throughout the county. This RFP includes available historic information regarding the number of transports, charges, and payer mix. All information is the best available, but the Offeror should understand that it is solely responsible for determining the validity and accuracy of the service mix, payer mix, potential collection rates, and estimated net collections.

The call volume and Service Mix for calendar year **[2002]** is provided in Attachment A. The projected call volume for the next two years is also included.

The estimated Payer Mix is included in Attachment B.

Leon County's charges are included in Attachment C.

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

V. SCOPE OF SERVICES

A. OVERVIEW

Leon County intends to incorporate a data collection and records maintenance system where the permanent Ambulance Call Reports (ACR) will be maintained electronically in a secure and redundant database. The Contractor will be responsible for providing all computer hardware and software to accomplish this objective. The system proposed must collect all operational and demographic information required by the State of Florida EMS Office. The documentation by field personnel can be manual with scannable run reports or electronic with contractor provided hand held point-of-service computer devices. Any system proposed must be capable of providing a copy of the patient care report section of the report at the hospital at the time of service, subject to HIPAA standards.

The Contractor will also be responsible for maintaining all permanent medical records in a secure and redundant data base that provides Leon County administrative and EMS QI personnel with immediate electronic access to all ACRs, subject to HIPAA standards.

County and Contractor are mutually dependent upon one another to accomplish the scope of this RFP. Detailed understandings of the commitments of each party are required for success.

B. LEON COUNTY RESPONSIBILITIES

1. Provide Contractor with Source Documentation Leon County and its personnel will:
 - a) Submit to the Contractor within two (2) business days all Ambulance Call Reports (ACR) in an electronic format, using contractor supplied mechanism.
 - b) Provide a complete description on the ACR of the services provided, condition of the patient, description of the illness or injury necessitating an ambulance, and demographic information regarding the patient and his or her insurance, when possible.
 - c) Be responsible for establishing all charges for the services provided by EMS
 - d) Establish and maintain a lockbox at a financial institution for deposit of fees collected by the Contractor. The lockbox will provide the Contractor with all documentation accompanying payments or received at the lockbox. Leon County will be responsible for all lockbox fees.
 - e) Be responsible for program administration and oversight.
 - f) Provide high speed internet connectivity from its bases of operations
 - g) Identify a collection agency for accounts that the Contractor feels that it has exhausted all reasonable efforts to close.
 - h) Issuing check for refunds, overpayments, or payments received in error within fifteen (15) business days after appropriate requests are submitted by the Contractor

2. Leon County will consult with the successful Contractor to establish policies for the

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

Contractor's activities for the following functions:

- a) Medical diagnosis documentation
- b) Rate establishment and modification processes
- c) Payer contracting policies
- d) Special situation adjustments and authority
- e) Write-offs
- f) Financial hardship documentation processes
- g) Discounts
- h) Payment plans
- i) Acceptance of credit card payments
- j) Compliance activities
- k) Medical record management
- l) Quality improvement policies
- m) HIPAA Compliance Standards

C. CONTRACTOR RESPONSIBILITIES

The Contractor is fully responsible for the billing, processing, and collection of EMS fees. The Contractor's services will include, but are not limited to:

- 1. Data processing
- 2. Management information reporting
- 3. Security
- 4. Insurance
- 5. Provision of scannable ACR or electronic point-of-service data collection devices
- 6. Electronic storage of medical records
- 7. The hardware and software required to transmit documentation to the Contractor
- 8. Billing and collection personnel
- 9. Electronic and paper billing, claims filing, and invoicing
- 10. Responding to all billing/insurance related inquiries
- 11. The provision of a toll-free telephone number for patients to be answered as designated by Leon County.

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

12. Postage
13. Printing
14. Reporting to designated Leon County official
15. High speed internet connectivity at its primary billing office

D. PERFORMANCE REQUIREMENTS

1. The Contractor shall forward an invoice and Notice of Privacy Policy (NPP) to each patient within three (3) business days of receipt of a completed ACR.
2. Contractor shall submit all insurance claims for reimbursement, if applicable within three (3) business days of receipt of adequate insurance information to file a claim.
3. Contractor shall forward statements to insured patients (except Medicaid recipients) on a regular cycle not to exceed 30 days between mailings from the initial invoice until the account is appropriately closed in accordance with agreed written procedures.
4. Contractor shall respond to requests from patients and payers within two (2) business days when additional information or documentation is requested to process a claim.
5. Contractor shall be responsible for filing all appeals for denied claims or partially denied claims when an internal review shows justification for reimbursement of the claims. This shall occur within twenty (10) business days of notification of denial. The Contractor shall be responsible for all costs of appeals, fair hearings, or administrative law judge hearings unless Leon County agrees in advance to pay a portion of the costs.
6. Contractor shall maintain the totals Days in Accounts Receivable/ Days in Sales Outstanding (DSO) at less than 90 days or show documentation and justification to Leon County to explain why the DSO exceeds this level due to specific payer or processing issues.
7. Contractor shall identify accounts with no activity or returned mail for turning over to Leon County's designated collection agency.
8. Contractor shall notify Leon County within five (5) business days of any overpayments of payments received in error using a Refund Request form in order for Leon County to issue a check to resolve overpayments, credit balances, or payments received in error.

E. CONTRACTOR PAYMENT METHOD AND TIMING

Contractor shall close the month within five (5) business days of the receipt of the month's completed ACRs from Leon County. Contractor's payment shall be made within fifteen (15) days of the receipt of the Contractor's invoice based on the prior month's collections as outlined in the response to this RFP.

VI. DESCRIPTION OF SERVICES PROVIDED BY CONTRACTOR

A. DATA COLLECTION

The Contractor will provide the mechanisms/technologies required for data collection and to implement an electronic ACR. The proposal should describe the Contractor's choice of media

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

and processes. At a minimum, the Contractor will provide paper ACR that can be scanned facilitating data entry in an electronic format to be uploaded into the Contractor's billing system and processed in accordance with the timelines required in this RFP and provide a copy of medically required data at the medical facility destination at the time of service.

Alternatively, the contractor may provide at its expense, an ACR that can be scanned using Optical Character Recognition (OCR), bubble fields, or other mechanism. The Contractor may propose electronic data collection devices to be used by field personnel that would interface and upload the collected information into the Contractor's billing system and provide a copy of medically required data at the destination at the time of service. All electronic devices utilized will be maintained by the contractor, save any repairs occasioned by unusual wear and tear or abuse by County employees.

The proposed field data collection mechanism must flow logically in relation to patient care and be demonstrated that its use will not unduly increase the total time on task (cycle time) of EMS personnel. The system proposed must collect all operational and demographic information required by the State of Florida EMS Office and be capable of secure transmission of that data. The proposed application/system must allow for export of all, or specific data fields using standard export formats such as CSV or XML. The application will allow the export of data from specific standard formats into standard database or spreadsheet formats such as Microsoft Access® or Excel®.

B. PERMANENT PATIENT RECORD STORAGE

The Contractor will implement a system where all permanent records (paper or electronic) will be maintained in an electronic format that is readily accessible by Leon County personnel and meets all federal and state requirements for maintaining patient medical records.

C. COLLECTION SERVICES

The Contractor will be responsible for collecting all applicable and appropriate fees for EMS from federal and state healthcare programs, other third party payers, and patients. The Contractor is to utilize generally accepted EMS collection methods and as may be proposed by the Contractor and approved by the County's EMS Administrator.

Leon County intends that the Contractor will follow appropriate procedures to collect fees generated from EMS. This will include the filing of insurance claims to third party payers and submitting invoices and statements to patients.

At a minimum, the Contractor shall file insurance claims electronically to the Medicare Carrier and State Medicaid program for reimbursement. The Contractor will use best efforts to submit insurance claims electronically to other major insurers of the service's patients.

The Contractor will implement processes to collect all applicable co-insurance and deductibles from the patients or their secondary insurers.

D. HIPAA BUSINESS ASSOCIATE ASSURANCES

Contractor shall execute a Business Associate Agreement providing satisfactory assurances under the provisions of the HIPAA privacy regulations that Contractor will safeguard Leon County's protected health information in accordance with the standards set forth in the privacy rule.

The Contractor will have a Privacy Plan in place that complies with all components required by

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

HIPAA. The Contractor will insure that all emergency patients who did not receive the Notice of Privacy Policies (NPP) at the time of service are mailed a copy of the NPP.

Contractor shall comply with other provisions of HIPAA including the transaction set requirements and security provisions as they are required.

E. COMPLIANCE PLAN

Contractor shall implement and comply with a Compliance Plan consistent with the intent and activities included in the U.S. Office of Inspector General (OIG) Compliance Program Guidance for Third Party Medical Billing Companies 63 FR 70138; (December 18, 1998).

F. TRAINING & IMPLEMENTATION

Contractor shall provide on-site training on agency set-up, data collection procedures and the use of any mechanisms or equipment provided. Contractor to provide training program for County use in orienting new employees. Contractor shall provide annual continuing education module for use with field personnel on data collection. Continuing education may be accomplished either on site or through a web enabled distance learning system.

Contractor shall commence implementation following contract award but not less than 45 days from projected start date.

G. COLLECTION OF DELINQUENT ACCOUNTS - OPTION A

Leon County is seeking as Option A of this RFP, proposals for Services for the Collection of Delinquent Accounts. The term "Collection Services" means those services proposed to meet the needs of the Leon County EMS Department towards the collection of delinquent ambulance receivables (see Section V, sub-section B, paragraph g of the RFP).

Your proposal and associated pricing for collection of delinquent accounts shall reflect that the agency will utilize the electronic capabilities of EMS as stated under the billing and collections services in this RFP as the basis for determining delinquent accounts. Furthermore, all respondents shall demonstrate their awareness and current capabilities to accept such referrals in a format that is consistent and compliant with all applicable Local, State, and Federal Law, including all HIPAA requirements. All potential bidders shall include in their bid documents their proposal for such electronic transfer of referrals and include in bid pricing the costs for licensing of such products to be used by EMS. Part Eight of the following Section details submission requirements for Option A.

VII. PROPOSAL REQUIREMENTS

Each proposal shall comprehensively describe the Contractor's current practices and proposed activities for the services delineated in this RFP and the final Agreement. The proposals shall be concise and follow the format and Table of Contents delineated below.

A. LETTERS OF TRANSMITTAL

Each proposal shall include a letter of transmittal that bears the signature and title of an authorized representative of the respondent. The letter should indicate that the respondent's proposal is a firm offer for a period of at least 120 days and that the respondent will comply with the terms of the RFP. The letter shall indicate the existence and nature of any contemplated sub-contracting relationships. Any exceptions to the RFP requirements should be identified in

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

the letter. The letter must indicate the signatory's ability to bind the offeror's company.

B. PART ONE: ORGANIZATIONAL DESCRIPTION

The proposal shall include a description of the Contractor's:

1. Legal form and ownership
2. Headquarters and other office addresses and telephone numbers
3. Size of organization including the number of employees
4. Names, titles and other reporting relationships of key employees (organizational chart)
5. A history of the organization including years of experience

C. PART TWO: DATA MANAGEMENT

The proposal shall provide complete description of the method that the respondent intends to use for collection of data in the field by Leon County's personnel, the mechanisms for transmitting the data to the Contractor, the storage of the permanent patient medical records, and the security and disaster recovery plans.

The description will include any Contractor provided hardware, software, and training. The Contractor shall outline the activities required from the Leon County's personnel.

The Contractor shall describe any value added benefits associated with the mechanism proposed that will facilitate the EMS Quality Improvement or that will facilitate the Medical Director and QI staff's ability to utilize the data collected for QI purposes in a "web enabled" format.

D. PART THREE: BILLING AND COLLECTION ACTIVITIES

The respondent must describe how it will manage the EMS accounts receivable of Leon County. At a minimum, the proposer should describe its policies and procedures and time frame between actions (if applicable) for the following activities.

1. Verification of ACR information
2. Validation of patients' insurance status
3. HCPCS and ICD-9 coding procedures
4. Data entry
5. Claims processing
6. Invoice/statement generation
7. Claims submission
8. Payment posting
9. Account follow-up

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

10. Appeal processing
11. Payment posting
12. Co-insurance/supplemental insurance processing
13. Private pay account processing and follow-up
14. Establishment of payment plans
15. Processes used to identify:
 - a) Accounts for charity write-offs
 - b) Patients qualifying for financial hardship adjustment applications
 - c) Accounts for turning to collections
16. Refund policies and procedures and identifying credit balances
17. Non-English speaking patients and family members
18. Establishing third party payer relations
19. Medicare claims processing and follow-up
20. Medicaid claims processing and follow-up

E. PART FOUR: REPORTS AND COMMUNICATIONS

The Contractor shall submit to Leon County monthly reports which contain, at a minimum the following information in a format that is acceptable to Leon County via an electronic format (secure web site download, compact disc, etc.). The Respondent shall describe in detail the monthly reports to be provided to Leon County and provide a model monthly reports(s) in its proposal. The reports will include:

1. A monthly accounts receivable reconciliation including the beginning A/R balance, total charges for the prior month, total credits for the month including payments, write-offs, contractual allowances, amounts turned to collections agencies and adjustments. The report will also include the ending A/R balance and a running average of daily charges and the total days in accounts receivable (DSO).
2. Total charges for the month by patient and by major payer category.
3. Total credits for the month by patient and major payer category, including payments, adjustments, contractual allowances, discounts, write-offs, and amounts turned to collection agencies.
4. Accounts receivable aging status by payer category and patient.
5. Accounts forwarded to collections.
6. Non-billed accounts awaiting Leon County actions.

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

7. A statistical indicators report.
8. Other reports as requested by Leon County.

F. PART FIVE: GENERAL AND SUPPLEMENTAL INFORMATION REQUIREMENTS

1. **Compliance Plans:** The Respondent will provide a copy of its HIPAA Privacy Plan and its Compliance Plan for adhering to federal and state healthcare program rules and regulations.
2. **Complaint Resolution Process:** The Respondent will describe its complaint resolution process and how the information will be communicated to Leon County.
3. **Proposed Contract:** The Respondent will submit an example of its Service Contract with its proposal.
4. **Insurance:** The Respondent will provide a certificate of insurance that provides errors, omissions, fraud, and corporate liability insurance at an amount equal or greater than \$1 million per occurrence and an aggregate of no less than \$3 million.
5. **Implementation Plan:** the Proposal shall include the potential Contractor's implementation plan for Leon County EMS accounts receivable management services. The plan shall include the necessary activities to insure that the Contractor will initiate billing and collection services on the agreed start date of the Contract, anticipated to be January 1, 2004.
6. **Training:** The Respondent will provide a complete description of training that it will provide to Leon County personnel. This will include an outline of the initial training to be provided for using the proposed data collection system and specific training for field personnel on patient documentation. The proposal should also include any on-going training to be provided, either on-site or through distance learning systems.
7. **OIG Excluded Individuals/Entities:** The Proposer shall furnish evidence that the Contractor and each of its employees have not been excluded from federal healthcare programs.

G. PART SIX: EXPERIENCE

1. **Demonstrated Performance:** The proposal shall include a description of the Contractor's business volume and clients. The Contractor must be able to demonstrate that it currently has gross billings for clients in excess of \$10 million annually.

The Respondent shall be based in the United States and have an established reputation of permanency and reliability in the field of medical transportation accounts receivable services. Each proposer shall furnish satisfactory evidence of its ability to provide the services described in this RFP.

2. **References:** The Respondent shall provide the names and contact persons for at least three (3) medical transportation clients as references to verify its performance as a patient accounts receivable services. The references shall include a description of the organization, the name, address, and phone number of the Contractor's primary contact at the organization.

H. PART SEVEN: PRICING

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

The Respondent shall complete the included pricing sheet (Attachment D) for the full three years covered under the Agreement. The pricing sheet requires that the Proposer estimate the net revenue for each of the three years based on the information provided in this RFP.

The total fees over the three year contract term will be used to score the pricing component of the Proposal. All fees and costs shall be included in the total pricing. This will include the cost of any software, hardware, forms, printing, phone charges, postage, etc. During the evaluation, the total net collections used to quantify the Contractor's fees will be estimated by Leon County. This will be done to insure that all Proposals are equitably compared.

It is expected that the Contractor's fees associated with the accounts receivable services will be based on a percentage of net collections.

I. PART EIGHT: OPTION A - COLLECTION OF DELINQUENT ACCOUNTS

This service is OPTIONAL. Should a respondent offer this service and desire to include this service as a part of the total services, please provide the following information as PART EIGHT of your proposal.

1. **Licensing:** Respondent shall include in their proposal proof of licensure in the State of Florida to conduct Healthcare collections activity. All such licenses shall be certified to be in good standing with any and all applicable State of Florida regulatory agency(s). Disclosure of all pending and/or finalized legal actions or injunctions against the bidder shall be provided in the bid packet. Failure to provide this information shall be cause to exclude the bid from qualifying as a legal bid.
2. **Primary Activity:** Respondent shall demonstrate through documentation provided in their proposal that their primary business focus is concentrated on healthcare collections. A preference will be given to those bidders who demonstrate current experience with Ambulance receivables.
3. **References:** Respondent shall include a listing of references containing a minimum of 3 current references for whom collection of delinquent accounts is performed. Ambulance references are preferred, but not required. All such references shall include contact information (name, telephone and address) for reference checks as deemed necessary by EMS prior to contract award.
4. **Quality Control:** Your proposal shall demonstrate and provide sufficient evidence of the quality control measures proposed and implemented to ensure professional contacts with EMS patients for delinquent collections. Such evidence shall include, but not be limited to, the agency's collector turnover rate, average years of experience, method of compensation, training practices, continuing education requirements, internal audit procedures, collection methods and philosophy, etc.
5. **Collection Philosophy:** Respondent shall include documentation as to the collection methods, philosophies, and agency "culture" that the agency uses in it's pursuit of delinquent accounts. Such documentation shall demonstrate the agency's ability to effectively balance returns on delinquent healthcare accounts with low patient complaint ratios.
6. **Agency Biographic Profile:** Proposal shall include an agency profile, which includes, but is not limited to, Agency Size, Geographic representation, Portfolio Size, etc. along with the resume(s) for your proposed Project/Account Manager(s) for delinquent collections.

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

7. All Inclusive Quote: Respondent shall provide one (1) all inclusive pricing structure that is inclusive of all costs associated with providing the delinquent collection services (separate and apart of costs of billing and collections services). This shall include, but not be limited to, all software, hardware, interfaces, personnel, telephone, mail, and associated resources necessary to perform such collection services in a manner consistent with the intent of EMS. Legal services of any type are not to be included or quoted as part of this proposal, and as such, are outside of the scope of the desire or intent of this RFP.

VIII. PROPOSED CALENDAR

The following schedule will be adhered to as closely as possible to assure an expedient time frame for the selection of the engineering firm:

- A) Publication of Public Notice - July 28, 2003.
- B) Begin Distribution of RFP - July 28, 2003.
- C) Proposals due - Wednesday, August 27, 2003, 2:00 p.m.
- D) Selection of Firm(s) or Individual(s) for Interview - by September 12, 2003.
- E) Interviews with first three ranked firms, if necessary - September 18, 2003.
- F) Selection (Board of County Commissioners Meeting) - October 14, 2003.

IX. SELECTION PROCESS AND CRITERIA

- A. The County Administrator shall appoint an Evaluation Committee composed of three to five members who will review all proposals received on time, and select one or more firms for interview based on the responses of each proposer. All meetings of Evaluation Committees subsequent to the opening of the solicitation shall be public meetings. Notice of all meetings shall be posted in the Purchasing Division Offices no less than 72 hours (excluding weekends and holidays) and all respondents to the solicitation shall be notified by facsimile or telephone.
- B. The Evaluation Committee will recommend to the Board of County Commissioners (BCC), in order of preference (ranking), up to three (3) firms deemed to be most highly qualified to perform the requested services.
- C. The (BCC) will negotiate with the most qualified firm (first ranked firm) for the proposed services at compensation which the BCC determines is fair, competitive, and reasonable for said services.
- D. Should the BCC be unable to negotiate a satisfactory contract with the firm considered to be fair, competitive and reasonable, negotiations with that firm shall be formally terminated. The County shall then undertake negotiations with the second most qualified firm. Failing accord with the second most qualified firm the Board shall terminate negotiations. The BCC representative shall then undertake negotiations with the third most qualified firm.
- E. Should the County be unable to negotiate a satisfactory contract with any of the selected firms, the Board representative shall select additional firms to continue negotiations.

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

- F. Evaluation Criteria: Proposals will be evaluated and ranked on the basis of the following considerations:

Evaluation Criteria	Points
Experience of the Proposer Organization	25
Technical Response to the RFP	25
References	10
Cost	25
MWBE Participation	10
Local Preference	5
TOTAL	100

X. INDEMNIFICATIONS:

The Contractor agrees to indemnify and hold harmless the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the breach of this agreement by the Contractor, its delegates, agents or employees, or due to any act or occurrence of omission or commission of the Contractor, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the Contractor to provide the defense. The Contractor acknowledges that ten dollars (\$10.00) of the amount paid to the Contractor is sufficient consideration for the Contractor's indemnification of the County.

The Firm shall be liable to the County for any reasonable costs incurred by it to correct, modify, or redesign any portion of the project previously provided or reviewed by the Firm that is found to be defective or not in accordance with the Contract Document and provisions of this agreement as a result of negligent act, error or omission on the part of the Firm, its agents, servants, or employees. The Firm shall be given a reasonable opportunity to correct any deficiencies.

XI. MINORITY/WOMEN BUSINESS ENTERPRISE AND EQUAL OPPORTUNITY POLICIES

A. Minority/Women Business Enterprise Requirements

Firms responding to this RFP are hereby made aware of the County's goals for M/WBE utilization. Respondents should contact Agatha Muse-Salters, Leon County M/WBE Director, at phone (850) 488-7509; fax (850) 487-0928 for additional information.

As a part of the selection process for this project, the ranking procedure will provide a maximum of ten (10) percent of the total score where MBE's are used as follows:

<u>MBE Participation Level</u>	<u>Points</u>
_____ The respondent is certified as a Minority/Woman Business Firm with Leon County, as defined in the County's M/WBE policy.	10
_____ The respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 20% by certified minority/women business firms/individuals.	8
_____ The respondent has certified that a minimum of 15.5% of the	

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

ultimate fee will be subcontracted to certified M/WBE Firm(s),
and has identified in the proposal the M/WBE Firm(s) that it
intends to use.

6

B. Equal Opportunity/Affirmative Action Requirements

The contractors and all subcontractors shall agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.

For federally funded projects, in addition to the above, the contractor shall agree to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

In addition to completing the Equal Opportunity Statement, the Respondent shall include a copy of any affirmative action or equal opportunity policies in effect at the time of submission.

XII. ETHICAL BUSINESS PRACTICES

- A. Gratuities. It shall be unethical for any person to offer, give, or agree to give any County employee, or for any County employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or performing in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, subcontract, or to any solicitation or proposal therefor.
- B. Kickbacks. It shall be unethical for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract or order.
- C. The Board reserves the right to deny award or immediately suspend any contract resulting from this proposal pending final determination of charges of unethical business practices. At its sole discretion, the Board may deny award or cancel the contract if it determines that unethical business practices were involved.

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

PROPOSAL RESPONSE COVER SHEET

This page is to be completed and included as the cover sheet for your response to the Request for Proposals.

The Board of County Commissioners, Leon County, reserves the right to accept or reject any and/or all bids in the best interest of Leon County.

Keith M. Roberts, Purchasing Director

Tony Grippa, Chairman
Leon County Board of County Commissioners

This bid response is submitted by the below named firm/individual by the undersigned authorized representative.

BY _____
(Firm Name)

(Authorized Representative)

(Printed or Typed Name)

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

FAX _____

ADDENDA ACKNOWLEDGMENTS: (IF APPLICABLE)

Addendum #1 dated _____ Initials _____

Addendum #2 dated _____ Initials _____

Addendum #3 dated _____ Initials _____

Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59

STATEMENT OF NO RESPONSE

We, the undersigned, have declined to respond to the above referenced RFP for the following reasons:

- ☐ We do not offer this service
- ☐ Our schedule would not permit us to perform.
- ☐ Unable to meet specifications
- ☐ Others (Please Explain)

We understand that if the no-bid letter is not executed and returned, our name may be deleted from the list of qualified bidders for Leon County.

Company Name _____

Signature _____

Name (Print/Type) _____

Telephone No. _____

FAX No. _____

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted to Leon County Board of County Commissioners

by _____

[print individual's name and title]

for _____

[print name of entity submitting sworn statement]

whose business address is: _____

and (if applicable) its Federal Employer Identification Number (FEIN) is _____

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn
statement: _____).

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

- a. A predecessor or successor of a person convicted of a public entity crime: or
- b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Indicate which statement applies.]

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However there has been a subsequent proceeding before a hearing a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [Attach a copy of the final order.]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(signature)

Sworn to and subscribed before me this _____ day of _____, 20____.

Personally known _____ OR Produced identification _____

(Type of identification)

NOTARY PUBLIC

Notary Public - State of _____

My commission expires: _____

Printed, typed, or stamped commissioned name of notary public

Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59

Form PUR 7068 (Rev 06/11/92)

MINORITY/WOMEN BUSINESS ENTERPRISE PARTICIPATION PLAN

RESPONDENT _____

<u>MBE Participation Levels</u>	<u>Points</u>
_____ The respondent is certified as a Minority/Woman Business Firm with Leon County, as defined in the County's M/WBE policy.	10
_____ The respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 20% by certified minority/women business firms/individuals.	8
_____ The respondent has certified that a minimum of 15.5% of the ultimate fee will be subcontracted to certified M/WBE Firm(s), and has identified in the proposal the M/WBE Firm(s) that it intends to use.	6

M/WBE firms and subcontractors must be certified by the City of Tallahassee or Leon County to qualify for M/WBE participation credit. Please provide the following information for each M/WBE. Please indicate minority groups by using the corresponding letters: African American (B), Asian American (A), Hispanic American (H), Native American (N) and Non Minority Female (F). **You must submit proof of certification with your proposal.** Attach additional sheets as necessary.

<u>Name, Address, and Phone</u>	<u>Materials/Services</u>	<u>Amount</u>	<u>Group</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Value of M/WBE Participation: \$ _____
Total Project Base Bid: \$ _____
M/WBE Participation as % of Total Base Bid: _____%

The vendor acknowledges the Leon County M/WBE policy and the provisions specified for this RFP. If applicable, vendor certifies that the above list of minority vendors and the respective contract amounts and percentages of the total bid are accurate.

Signed: _____ Title: _____ Date: _____

Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT

1. The contractors and all subcontractors hereby agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.
2. The contractor agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

Signed: _____

Title: _____

Firm: _____

Address: _____

**Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
And OTHER RESPONSIBILITY MATTERS
PRIMARY COVERED TRANSACTIONS**

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b) Have not within a three-year period preceding this been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of these offenses enumerated in paragraph (1)(b) of this certification; and
 - d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
3. No subcontract will be issued for this project to any party which is debarred or suspended from eligibility to receive federally funded contracts.

Signature

Title

Contractor/Firm

Address

LOCAL VENDOR CERTIFICATION

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a) Has had a fixed office or distribution point located in and having a street address within Leon County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and
- b) Holds any business license required by the County, and, if applicable, the City of Tallahassee (please attach copies); and
- c) Employs at least one (1) full time employee, or two (2) part time employees whose primary residence is in Leon County, or, if the business has no employees, the business shall be at least fifty percent (50%) owned by one or more persons whose primary residence is in Leon County.

Please complete the following in support of the self-certification and submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name:		Phone:
Current Local Address:		Fax:
If the above address has been for less than six months, please provide the prior address.		
Length of time at this address		
Number of Employees and hours worked per week by each:		
Name and Address of Owner(s) who reside in Leon County and who in total own at least 50% or more of the business. Attach additional sheets as necessary.		Percentage of Ownership
1.		
2.		

Signature of Authorized Representative

Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

By _____, of _____,

(Name of officer or agent, title of officer or agent)

(Name of corporation acknowledging)

a _____ corporation, on behalf of the corporation. He/she is personally known to me

(State or place of incorporation)

or has produced _____ as identification.

(type of identification)

Signature of Notary

Return Completed form with supporting documents to:

Print, Type or Stamp Name of Notary

**Leon County Purchasing Division
2284 Miccosukee Road**

Title or Rank

Request For Proposals for Patient Accounts Receivable Services For Emergency Medical Services
BC-08-27-03-59

Tallahassee, Florida 32308

Serial Number, If Any